

**PHYSICAL THERAPY BOARD OF CALIFORNIA**

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INTERNET <http://www.ptb.ca.gov>**Physical Therapist Assistants Serving in Leadership Roles***Can a physical therapist assistant serve in dual administrative and clinical roles?*

The position of the Physical Therapy Board of California regarding a physical therapist assistant serving in a leadership role was prompted by an inquiry that identified positions such as “team leaders” and “district managers” as individuals who are licensed as physical therapist assistants.

Specific questions presented for consideration by the Board were:

1. May a PTA serve as the exclusive physical therapy and rehab representative at a SNF (skilled nursing facility) weekly grand rounds/team conference situation where the patient’s physical therapy treatment goals, program plan, treatment progress, and discharge plans are discussed with other treatment team members and decisions regarding program changes/additions may occur? (The physical therapist is not present.)
2. May a PTA conduct a screening of a SNF resident that may require a skilled physical therapy service and direct a physical therapist to seek a physicians order and evaluate the patient? (The screening would include a review of the medical record, verbal communications with the resident’s professional nurse, and possibly a review of the functional performance of the resident.)
3. May a PTA write an appeal for Medicare payment? (The appeal would include an in depth review of the medical record (physicians notes, nurses notes, and physical therapy evaluations and notes), synthesis of record information and writing an appeal letter.)
4. May a PTA assign/reassign a SNF patient to a particular RUG (resource utilization group) that requires the patient to receive a specified numbers of minutes of therapy per week without input from or consultation with a professional physical therapist?

The answer to all of the above questions is no.

In each case the activity involves making decisions that encompass treatment planning or an evaluative judgment of the patient’s condition. Question 2 specifically identifies a situation where the physical therapist assistant is giving direction to a physical therapist involving decisions that directly involve the physical therapy care that is to be provided. If a physical therapist assistant were to perform these activities, the physical therapist assistant would be performing in the capacity of a physical therapist.

In addition, the acceptance of any clinical leadership position necessitates a special condition for the physical therapist assistant. The physical therapist assistant in a leadership role for the clinical staff that includes a physical therapist may not personally perform any patient related service as a physical therapist assistant in the same practice.

Business and Professions Code section 2655(c) defines the essential relationship between the supervising physical therapist and the supervised physical therapist assistant and mandates that the supervising physical therapist shall be responsible for the extent, kind, and quality of services provided by the physical therapist assistant. Section 1398.44 of the Board's regulations (Title 16 CCR) implements this statutory mandate by enumerating extensive supervisory duties of the physical therapist. Under these statutory and regulatory provisions it is the supervising physical therapist that must direct and supervise the physical therapy assistant. The physical therapist assistant who is supervised by the physical therapist cannot "clinically lead".

Finally, the Board must add that, pursuant to the provisions of section 2660 of the Business and Professions Code, a physical therapist or a physical therapist assistant who fails to comply with the statutes or regulations administered by the Board is subject to revocation or suspension of the physical therapist's or the physical therapist assistant's authorization to practice.

*Adopted by the Practice Issues Committee on October 25, 2001*